

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *Reg.*

CERTIFICATE OF DEATH

Reg. Dist. No. *166*

1. PLACE OF DEATH: Garrett
 County: Kempton, Maryland.
 City or town: Kempton, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

James Edward Albright.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) November 8th, 1945

8. AGE: Years	Months	Days	If less than one day
0	3	9	hrs. min.

9. Birthplace Oakland, Maryland.
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER	12. Name	<u>Joseph E. Albright.</u>
13. Birthplace	<u>Kingwood, W. Va.</u>	

MOTHER	14. Maiden name	<u>Martha Lewis.</u>
15. Birthplace	<u>Corinth, W. Va.</u>	

16. Informant	<u>Joseph E. Albright.</u>	
Address	<u>Kempton, W. Va.</u>	

17. Burial	Date thereof	<u>February 19/46</u>
(Burial, cremation, or removal. Which?)	(month)	(day) (year)
Cemetery or crematory	<u>Oakland Cemetery</u>	

Location	<u>Oakland, Maryland.</u>	
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18. Funeral director	<u>Emory B. Falley</u>	
Address	<u>Kempton, Md.</u>	

19. (Date rec'd by registrar)	19.	<u>Julia Lewan</u>
Address	<u>Julia Lewan hotel, Oakland, Md.</u>	

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: GarrettCity or town: Kempton, Md.
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3 (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17th, 1946 8:00 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from James after death 9 to 19.

and that I last saw him alive on _____

Immediate cause of death.....

Accidental AsphyxiationDue to... Covers on bed accidentally got over baby after parents arose in morning. Suffocation

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op. _____

Autopsy results None

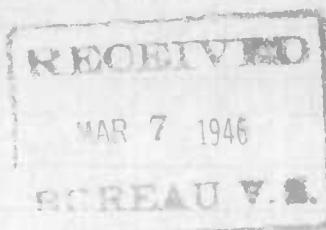
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 2/17/46Where did injury occur? Kempton (City or town) Garrett (County) Md. (State)Injured at home, farm, industry, public place (where?) NoneMeans of injury Asphyxiation Injured at work? NoDeath bed Yes

23. SIGNATURE

Address: Oakland, Md. Date signed: 2/18/46M. D. or other None



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01166

1. PLACE OF DEATH:

Garrett
 County.....
 Oakland, Maryland.
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)

Life time

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Elsie Idella Wotring Ashby.

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Divorced

Earl Ashby.

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) January 26th, 1886.

8. AGE: Years Months Days If less than one day

60 1 2 hrs. min.

9. Birthplace..... Oakland, Maryland.

(Town, county, and state)

10. Usual occupation..... House wife.

11. Industry or business

FATHER 12. Name..... Abraham C. Wotring.

MOTHER 13. Birthplace..... Aurora, W. Va.

MOTHER 14. Maiden name..... Christiana Eckard.

MOTHER 15. Birthplace..... Pennsylvania.

16. Informant..... Mrs. William McRobie.

Address..... Oakland, Maryland.

17. Burial..... Date thereof..... March 2d/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Oakland Cemetery.

Location..... Oakland, Maryland.

18. Funeral director..... Murray D. Bolger

Address..... Oaklawn Pl. Md.

19. Date rec'd by registrar..... Mch. 2 46

(Date rec'd by registrar) Registrar..... Julia Kewen

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Garrett

City or town..... Oakland, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH..... February 28th 1946 6:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 24 1946 to Feb. 28 1946

and that I last saw h. w. alive on Feb. 24 1946

Immediate cause of death.....

Acute Myocarditis

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

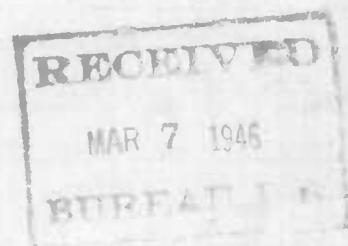
Means of injury

Injured at work?

23. SIGNATURE.....

M. D. or other

Date signed..... 2/29/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 140

CERTIFICATE OF DEATH

01640

Reg. Dist. No. 166

1. PLACE OF DEATH: Garrett
County.....
City or town..... Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... Life time
Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Michael Joseph Carney, Jr.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widower.

6. (b) Name of husband or wife..... Mary Treacy Carney
Deceased

7. Birth date of deceased (mo., day, yr.)..... August 15th, 1859.

8. AGE: Years	Months	Days	If less than one day
87	6	13	hrs. min.

9. Birthplace..... Hutton, Maryland.
(Town, county, and state)

10. Usual occupation..... Retired B. & O. Forman.

11. Industry or business

FATHER 12. Name..... Michael J. Carney, Sr.
13. Birthplace..... Ireland.

MOTHER 14. Maiden name..... Bridget Hanehan.
15. Birthplace..... Ireland.

16. Informant..... Mrs. A. G. Hesen.
Address..... Oakland, Maryland.

Burial 17. (Burial, cremation, or removal. Which?) Date thereof..... March 4/4 6
(month) (day) (year)
Cemetery or crematory..... St. Peter's Cemetery.

Location..... Oakland, Maryland.

18. Funeral director..... Ensay D. Bolden
Address..... Oakland, Md.

19. Date rec'd by registrar..... Mar. 3 1946
(Date rec'd by registrar) Julia J. Rowan
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Garrett
City or town..... Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number
None.

MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH..... February 28th, 1946, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 1945 to Feb. 1946
and that I last saw him alive on Jan 20 1946

Immediate cause of death.....

Coronary Sclerosis

Due to..... Arteriosclerosis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopay results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

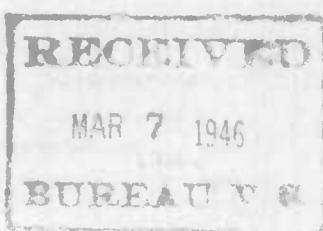
Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE..... Ed. Bannister, M.D.

M. D. or other
Address..... Oakland, Md. Date signed..... 2/28/46



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-2

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH: **Garrett**
 County: **Vindex**
 City or town: **Vindex** (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **8mon.**
 Hospital, institution, or street address where death occurred:

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State: **Maryland** County: **Garrett**
 City or town: **Vindex** (If outside city or town limits, write RURAL and give nearest town)
 Street No.: (If rural, give LOCATION)
 2.(a) If veteran, name war:

3. (a) FULL NAME: **Edith Marie Doman**

3. (b) Social Security Number: **None**

4. Sex: **Female** 5. Color or race: **White** 6.(a) Single, married, widowed, or divorced: **Single**

6.(b) Name of husband or wife:
 7. Birth date of deceased (mo., day, yr.): **June 27, 1945** 6.(c) If alive, give age: **years**

8. AGE: **Years** **8** **Months** **0** **Days** **0** If less than one day: **hrs. 00** **min. 00**

9. Birthplace: **Vindex, Garrett Co., Md.**
 (Town, county, and state)
 10. Usual occupation: **Infant**

11. Industry or business: **Earl Denton Doman**
 12. Name: **Hartmansville, W.Va.**

13. Birthplace: **Rosetta Jane Kent**
 14. Maiden name: **Vindex, Md.**

15. Birthplace: **Mrs. Earl Doman**
 16. Informant: **Vindex, Md.**

17. Burial: **Mar. 2, 1946**
 (Burial, cremation, or removal. Which?) Date thereof: **Mar. 2, 1946**
 Cemetery or crematory: **Mt. Zion Cemetery** Location: **Mt. Zion Garrett Co., Md.**

18. Funeral director: **Otha F. Sharpless**
 Address: **Blaine, W.Va.**

19. (Date rec'd by registrar): **2/28/46** **46** **Alvarez**
 (Date signed): **Feb. 28, 1946**

MEDICAL CERTIFICATION

2D. DATE OF DEATH: **February 27 1946 10:45 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Feb. 20 1946** to **Feb. 27 1946** and that I last saw him **alive** on **Feb. 27 1946**

Immediate cause of death: **Bilateral Bronch. Pneum.** DURATION: **7 days**

Due to: **Influenza** DURATION: **13 days**

Due to: **Influenza** DURATION: **13 days**

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations: Date of op:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: **Ralph Colandella M.D.** M. D. or other:

Date signed: **Feb. 28, 1946**

120001-198

MAR 4 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *Recd*

CERTIFICATE OF DEATH

01642/162
Reg. Dist. No.

1. PLACE OF DEATH:

County GarettCity or town Jennings

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 M H

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Nettie Louise Durst

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) July 11-1931 6.(c) If alive, give age years

8. AGE:	Years	Months	Days	If less than one day
	I4	6	28	hrs. min.

9. Birthplace Rural Near Grantsville Md
(Town, county, and state)10. Usual occupation School Girl

11. Industry or business

12. Name Victor Durst13. Birthplace Rural Near Grantsville14. Maiden name Nellie Beaman15. Birthplace Near Bittinger Md16. Informant Victor DurstAddress Grantsville Md17. Burial Durst Date thereof 2-10-1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Durst
Location Rural Near Grantsville Md18. Funeral director Mrs. WinterbergAddress Grantsville Md19. Feb 8 1946 Eduard Madraster
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MdCounty GarettCity or town Rural Near Grantsville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH February 81946, at 10:30 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 7 1946 to Feb 8 1946 and that I last saw her alive on Feb 7 1946.Immediate cause of death Hydrocephalus Nalvular Alact disease DURATION 14 yrs

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

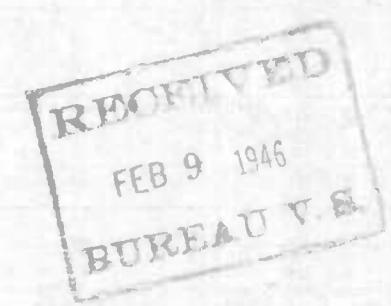
Means of injury

Injured at work?

23. SIGNATURE.....

M. D. or other

Address Grantsville Md Date signed Feb 8 1946





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

01643

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH:

Garrett

County.

City or town. Bloomington

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Albert Wesley Farris

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Bessie Ervin

7. Birth date of

deceased (mo., day, yr.) Dec. 25, 1883

6.(c) If alive, give age years

57

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

62 2 2

9. Birthplace

(Town, county, and state)

Great-Capon-Morgan- W.Va.

10. Usual occupation

Merchant.

11. Industry or business

Grocery

MOTHER FATHER

12. Name

Jacob Farris

13. Birthplace

Not known

MOTHER

FATHER

14. Maiden name

Margaret Foreback

15. Birthplace

Penn.

16. Informant

Mrs. Bessie Farris

Address

Bloomington, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Mar. 2 1946

(month) (day) (year)

Cemetery or crematory

Nethken Hill Cem.

Location

Elkgarden, W.Va.

18. Funeral director

Ellsworth S. Boal.

Address

Westernport, Md.

19. Mar. 2 1946

(Date rec'd by registrar)

Dorsey Patterson
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Md.

County Garrett

City or town Bloomington

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

236-03-2576

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb. 27,

46

at 6p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 27

1946

to Feb. 27 1946

and that I last saw him alive on Feb. 27

1946

Immediate cause of death Cerebral Hemorrhage

DURATION

13 hours

Due to Hypertension
vascular disease

1 yr.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James DeWolfe Jr M.D. or other
Piedmont W.Va. Date signed Feb 28 1946

RECEIVED

MAR 4 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 12

01644

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

Garrett County

Mt. Lake Park

(If outside city or town limits, write RURAL and give nearest town)

1 year 10 months 21 days

How long in above place of death?

Hospital, institution, or street address where death occurred:

Kiser Nursing Home

1 year 10 months 21 days

How long in hospital or institution?

3. (a) FULL NAME

Mary Catharine Ford

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband

John S. Ford

#111

6. (c) If alive, give age 71 years

7. Birth date of deceased (mo. day, yr.)

June 10, 1882.

8. AGE:

Years 63

Months 8

Days 4

If less than one day

hrs. min.

9. Birthplace

Wana, Monongalia, West Virginia.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name James A. Parks

13. Birthplace Wana, W. Va.

14. Maiden name Mary Ellen Burnfield

15. Birthplace Jollietown, Pa.

16. Informant Mrs. George Creamer

Terra Alta, W. Va.

Address

17. Removal and burial

February 18, 1946

(Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

#111

Cemetery or crematory Pine Run

near Terra Alta, W. Va.

Location

18. Funeral director

Frederick Patterson

Address

Terra Alta, W. Va.

19. Feb 18 1946

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

West Virginia County Preston

City or town Terra Alta

(If outside city or town limits, write RURAL and give nearest town)

Route # 3

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14, 1946, 19, 10:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4-10-44

2-14-46

er

2-13-46

19.

and that I last saw h. all the time

Paralysis

Immediate cause of death

Cerebral Hemorrhage

DURATION

2 days

High Blood pressure and
Due to Valvular heart disease

2 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

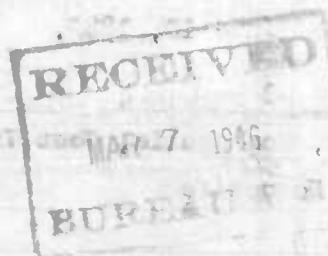
23. SIGNATURE

Edward B. Johnson

M. D. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 750

01645

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH:
County Garrett
City or town Bayard
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Bayard
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war NO

3. (a) FULL NAME Charles Jacob Funk

3. (b) Social Security Number None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Annie Dale (Sypolt) Funk 72

7. Birth date of deceased (mo., day, yr.) December 19, 1870 6.(c) If alive, give age 72 years

8. AGE: 75 Years 1 Months 24 Days If less than one day hrs. min.

9. Birthplace Barbour Co., W.Va.
(Town, county, and state)

10. Usual occupation Woodman

11. Industry or business

FATHER 12. Name William Funk
13. Birthplace Barbour Co., W.Va.

MOTHER 14. Maiden name Mary Spangler
15. Birthplace —

16. Informant Mrs. Annie Funk
Address Bayard, W.Va.

17. Burial Burial Date thereof Feb. 16, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Bayard Cemetery
Location Bayard, W.Va.

18. Funeral director Otha E. Sharpless
Address Blaine, W.Va.

19. 3/15/46 (Date rec'd by registrar) AcB (Signature) Registrar
Address Formania, W.Va. M. D. or other 1946 Date signed Feb 16

MEDICAL CERTIFICATION

February 13 46 at 2:30 P.M.

20. DATE OF DEATH 19, to 19

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. alive on 19, to 19Immediate cause of death Cardiac f DecompositionDURATION —Due to —Due to —Other conditions —

(Include pregnancy within 8 months of death)

Major findings of operations — Date of op. —Autopsy results NO

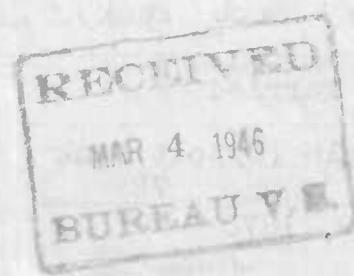
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide NO Date of —Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —23. SIGNATURE W. G. Drinkwater M. D. or other 1946Address Formania, W.Va. Date signed Feb 16



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of year
of birth of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

Reg. Dist. No.

167

FILM No. 100 FEB 12 1946

1. PLACE OF DEATH:

Garrett
County.....

Oakland..... Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Mary Jane Hamilton

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife Francis Hamilton

7. Birth date of deceased (mo., day, yr.) July 26 1866 1866

8. AGE: Years 79 Months 7 Days 8 If less than one day hrs. 0 min. 0

9. Birthplace Morgantown, W. Va.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name James May

MOTHER 13. Birthplace ?

14. Maiden name Anna Smith

15. Birthplace England

16. Informant James Hamilton

Address Oakland, Md.

17. Burial (Burial, cremation, or removal. Which?) Cemetery Date thereof Feb. 6 1946

(month) (day) (year)

Cemetery or crematory Cemetery

Location Morgantown, W. Va.

18. Funeral director Wayne C. Miller

Address Davis, W. Va.

19. 2/5 1946 (Date rec'd by registrar)

Emery. Shaffer
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Garrett

City or town Oakland Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Redhouse Md.

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 1946 19 - at 2:10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 to Feb. 3 1946
and that I last saw her alive on Jan 29 1946

Immediate cause of death Hypertension

or bronchopneumonia -

DURATION

5 days

Due to: Senility + inactivity

Due to: Arteriosclerosis + Hypertension - 20 yrs.

1 yr

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

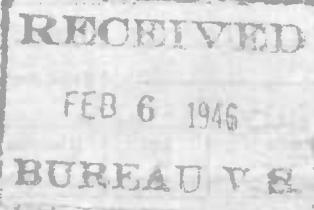
Means of injury

Injured at work?

23. SIGNATURE

Arnold C. Miller, M.D. or other

Address Egleton, W. Va. Date signed 2/7/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77-2

01647

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

Garrett
County.....
City or town.....

Oakland, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

Now long in hospital or institution?

3. (a) FULL NAME

Lloyd Carl Liller.

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married.

6. (b) Name of husband or wife Hildah Turner Liller.

7. Birth date of deceased (mo., day, yr.) August 11th, 1908

8. (c) If alive, give age 36 years

8. AGE: Years Months Days If less than one day
37 6 14 hrs. min.

9. Birthplace Oakland, Maryland.

(Town, county, and state)

10. Usual occupation Barber

11. Industry or business

12. Name Charles Ira Liller.

13. Birthplace Eglon, W. Va.

14. Maiden name Ida Kesner.

15. Birthplace Pennelton, County, W. Va.

16. Informant Mrs. Hildah T. Liller.

Address Oakland, Maryland.

17. Burial Date thereof February 28/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oakland Cemetery.

Location Oakland, Md.

18. Funeral director Harry D. Goldie,

Address Oakland, Md.

19. Date rec'd by registrar Feb. 27 1946

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Oakland, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

213-22-3824

MEDICAL CERTIFICATION

P.M

2D. DATE OF DEATH February 25th 1946 at 6:30 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Hammond after death to

and that I last saw h..... alive on 19

Immediate cause of death

Acute Respiratory Failure

DURATION

Due to Acute Nephritis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

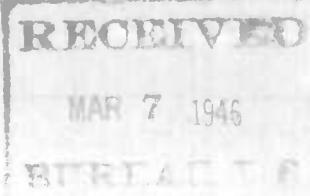
Injured at work?

23. SIGNATURE

H. L. Liller and Harry Liller M. D. or other

Address Oakland, Md.

Date signed 2/27/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

01648

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

Garrett

County

Sang Run, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mrs. Nora Victoria Sines.

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widow.

6. (b) Name of husband or wife Harrison Sines.

Deceased 6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 24th 1882.8. AGE: Years Months Days If less than one day
63 5 1 hrs. min.9. Birthplace Preston County, W. Va.
(Town, county, and state)

10. Usual occupation. House wife.

11. Industry or business

12. Name James Sines.

13. Birthplace West Virginia.

14. Maiden name Molley Wolfe.

15. Birthplace Preston, Co., W. Va.

16. Informant Mr. Theodore M. Reckart.

Address Deer Park, Maryland.

17. Burial Date thereof February 27/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sang Run, Cemetery.

Location Sang Run, Maryland

18. Funeral director Murphy D. Balder

Address Oakdale, Md.

19. Date rec'd by registrar 1946 Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Sang Run, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION A.M.

20. DATE OF DEATH February 25th 1946 at 12:10

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 30 Jan 1946 to 25 Feb 1946 and that I last saw her alive on 22 Feb 1946

Immediate cause of death

cerebral hemorrhage

DURATION

Due to arteriosclerosis

Due to hypertension, cardio-vascular disease

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

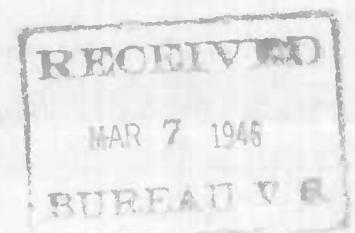
Injured at work?

23. SIGNATURE

L.S. Hansen M.D.

M. D. or other

Address Oakland, Md. Date signed 26 Feb 46.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

Garrett

County Mt. Lake Park

City or town Mt. Lake Park

(If outside city or town limits, write RURAL and give nearest town)

6 weeks

How long in above place of death?

Hospital, institution, or street address where death occurred:

Kisers Nursing Home

6 weeks

How long in hospital or institution?

3. (a) FULL NAME

Mary Martha Stump

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Jacob Stump

7. Birth date of deceased (mo., day, yr.)

August 14, 1854

6.(c) If alive, give age --- years

8. AGE:

Years
91Months
6Days
9If less than one day
hrs. min.

Garrett Co., Md.

9. Birthplace

(Town, county, and state)

House Wife

10. Usual occupation

Own Home

11. Industry or business

Solomon Calhoun

12. Name

unknown

13. Birthplace

Mary Swires

14. Maiden name

unknown

15. Birthplace

Mrs. Mary Kiser

16. Informant

Mt. Lake Park, Md.

Address

Burial

Date thereof Feb. 24, 1946

17. (Burial, cremation, or removal. Which?)

(month) (day) (year)

Beech Run Cemetery Nr.

Cemetery or crematory

Terra Alta Preston Co., W. Va.

Location

18. Funeral director

Verlest C. Lexington

Address

Oakland, Maryland.

19. (Date rec'd by registrar)

Feb. 24, 1946

Julia A. Rowan

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Oakland

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22

46 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1-2-46

2-22-46

19

and that I last saw her alive on 2-21-46

19

Immediate cause of death Dilated Heart

1 day

Due to Valvular heart and Chronic Nephritis

2 months

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Edward F. Stump, M.D.

M. D. or other

Address #2223-451 Oakland, Md.

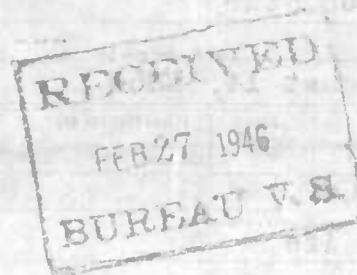
Date signed

UNITED STATES DEPARTMENT OF JUSTICE

U. S. ATTORNEY'S OFFICE

CERTIFICATE OF SERVICE

1946
FEB 27
BUREAU OF INVESTIGATION



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of birth date is shown on
FILE No. I 04 MAY 28 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

01650

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:

Garrett
CountyRural Near Grantsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 36 Years
Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Swager

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Ritchard Swager

7. Birth date of deceased (mo. day, yr.) August 3-1889 66 years

8. AGE: 56 Years 6 Months 25 Days If less than one day hrs. min.

9. Birthplace Rural Near Grantsville Md
(Town, county, and state)

10. Usual occupation House Work

11. Industry or business

FATHER 12. Name Isac Spiker

13. Birthplace Near Grantsville Md

MOTHER 14. Maiden name Maria Spiker

15. Birthplace Near Grantsville Md

16. Informant Charles Swager

Address Grantsville Md

17. Burial Date thereof March 3-1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Zion

Location 7 Mile East of Grantsville on

18. Funeral director Okn. Wintersberg R. 40
Address Grantsville Md19. March 8 1946 Ethel Broadwater
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Garrett

City or town Rural Near Grantsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb. 28 1946 at 10:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from St. Amaro after 12:00, on Feb. 28, 1946, and that I last saw him alive on Feb. 28, 1946.

Immediate cause of death

Carcinoma Left Breast

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Ethel Broadwater
M. D. or other
Address 88 Baumgartner Rd. Xxxxx -
Dallas, Md. Date signed 3/2/46

